



SUBGRANTEE:	GRANT NUMBER:
PROJECT TITLE:	PROJECT DURATION FROM: TO:
PREPARED BY:	PHONE: ( ) DATE:

A GRANT MODIFICATION IS NOT AUTHORIZED UNTIL IT IS APPROVED IN WRITING BY THE Division of Emergency Management. For change, submit two forms with **original** signatures. One approved copy will be returned for your records. **See reverse side for full instructions.**

**All other terms and conditions of the original grant with any approved modifications thereto remain in full force and effect.**

Change requested by: \_\_\_\_\_

SUBGRANTEE PROJECT DIRECTOR Signature

DATE

PROJECT DIRECTOR'S MAILING ADDRESS:

\_\_\_ Request for extension of award

\_\_\_ Request for change of Project Director

\_\_\_ Request for change of Financial Officer

\_\_\_ Request to modify goals and objectives

Change From:  
(Include address and phone)

Change To:  
(Include address and phone)

**Please attach another sheet of narrative including justification for the change.**

THIS REQUEST IS \_\_\_ Approved \_\_\_ Denied, see attached

By: \_\_\_\_\_  
PROGRAM SPECIALIST, CDEM

DATE